

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** BROTOLOC HARBOUR VILLAGE EAST (0008638)

**Address:** 1130 82ND ST, KENOSHA, WI 53143

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2000

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096038      **End Date:** 11/10/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008879    Served 12/15/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)	RESIDENT RECORD SHALL INCLUDE		
83.19(1)(a)	PARTIES TO BE NOTIFIED		
83.19(3)(c)	INVESTIGATE ALLEGATION		

**Survey ID:** 0093022      **End Date:** 06/28/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008730    Served 07/28/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(7)(b)	INSTALLATION AND MAINTENANCE	11/10/2005	Yes
83.45(2)(c)1	HANDRAILS	11/10/2005	Yes
83.45(2)(e)	PLATFORMS	11/10/2005	Yes

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DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
Printed 07/28/2006

## Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID:** 0092808      **End Date:** 05/25/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 12/14/2005**      **SOD #10008879**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.19(3)(c)

**Date: 07/27/2004**      **SOD #10008730**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 09/22/2005**

**Date Investigation Completed: 11/10/2005**

Subject Area(s)

ABUSE  
PROGRAM SERVICES

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

10008879  
10008879

**Date Complaint Received: 08/22/2005**

**Date Investigation Completed: 11/10/2005**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

10008879

**Date Complaint Received: 06/07/2005**

**Date Investigation Completed: 11/10/2005**

Subject Area(s)

RESIDENT RIGHTS  
MEDICATIONS

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

NOT RECORDED

**Date Complaint Received: 11/10/2003**

**Date Investigation Completed: 06/07/2004**

Subject Area(s)

RESIDENT RIGHTS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/28/2003**

**Date Investigation Completed: 06/10/2004**

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

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